

GILBERT D. CROW EAGLE  
Name and Prisoner/Booking Number

WINNER CITY Jail  
Place of Confinement

217 E 3RD ST  
Mailing Address

WINNER SD 57580  
City, State, Zip Code

**FILED**

APR 13 2012

  
CLERK

UNITED STATES DISTRICT COURT  
DISTRICT OF SOUTH DAKOTA  
DIVISION

GILBERT D. CROW EAGLE  
(Full Name of Plaintiff)

Plaintiff,

vs.  
U.S. MARSHAL'S SERVICE ETAL  
PAUL SCHORLER  
LORI KALENDA  
RICHARD BERTRAM  
(Full Name of Each Defendant) ETAL,

Defendants.

Case No. CIV 12-4069  
(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT  
BY A PRISONER

- ☒ Original Complaint  
☐ First Amended Complaint  
☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:
- ☐ 28 U.S.C. § 1343(a)(3); 42 U.S.C. § 1983
  - ☒ 28 U.S.C. § 1331; *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971).
  - ☐ Other: (Please specify.)

2. Name of Plaintiff: GILBERT D. CROW EAGLE  
Present mailing address: 217 E 3RD ST, WINNER SD. 57580  
(Failure to notify the Court of any change of address may result in dismissal of this action.)

Institution/city where violation occurred: WINNER CITY JAIL

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3. Name of first Defendant: U.S. MARSHALS The first Defendant is employed as:  
SERVICE at PIERRE SD ETAL  
(Position and Title) (Institution)  
This Defendant is sued in his/her: ☒ individual capacity ☐ official capacity (check one or both)  
Explain how this Defendant was acting under color of law: FEDERAL  
AGENTS
4. Name of second Defendant: PAUL SCHROEDER The second Defendant is employed as:  
CHIEF OF POLICE at WINNER CITY JAIL  
(Position and Title) (Institution)  
This Defendant is sued in his/her: ☒ individual capacity ☐ official capacity (check one or both)  
Explain how this Defendant was acting under color of law: CHIEF OF  
POLICE
5. Name of third Defendant: LOE KALENDA The third Defendant is employed as:  
JAIL ADMINISTRATOR at WINNER CITY JAIL  
(Position and Title) (Institution)  
This Defendant is sued in his/her: ☒ individual capacity ☐ official capacity (check one or both)  
Explain how this Defendant was acting under color of law: EMPLOYMENT
6. Name of fourth Defendant: RICHARD BEDRAM The fourth Defendant is employed as:  
SERGEANT SGT. at WINNER CITY JAIL  
(Position and Title) (Institution)  
This Defendant is sued in his/her: ☒ individual capacity ☐ official capacity (check one or both)  
Explain how this Defendant was acting under color of law: EMPLOYMENT

(If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.)

### B. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If your answer is "yes," how many lawsuits have you filed? \_\_\_\_\_. Describe the previous lawsuits in the spaces provided below.
3. First prior lawsuit:  
a. Parties to previous lawsuit:  
Plaintiff: \_\_\_\_\_  
Defendants: \_\_\_\_\_

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- b. Court: (If federal court, identify the district; if state court, identify the county.) \_\_\_\_\_
- c. Case or docket number: \_\_\_\_\_
- d. Claims raised: \_\_\_\_\_
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
- f. Approximate date lawsuit was filed: \_\_\_\_\_
- g. Approximate date of disposition: \_\_\_\_\_
4. Second prior lawsuit:
- a. Parties to previous lawsuit:  
Plaintiff: \_\_\_\_\_  
Defendants: \_\_\_\_\_
- b. Court: (If federal court, identify the district; if state court, identify the county.) \_\_\_\_\_
- c. Case or docket number: \_\_\_\_\_
- d. Claims raised: \_\_\_\_\_
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
- f. Approximate date lawsuit was filed: \_\_\_\_\_
- g. Approximate date of disposition: \_\_\_\_\_
5. Third prior lawsuit:
- a. Parties to previous lawsuit:  
Plaintiff: \_\_\_\_\_  
Defendants: \_\_\_\_\_
- b. Court: (If federal court, identify the district; if state court, identify the county.) \_\_\_\_\_
- c. Case or docket number: \_\_\_\_\_
- d. Claims raised: \_\_\_\_\_
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
- f. Approximate date lawsuit was filed: \_\_\_\_\_
- g. Approximate date of disposition: \_\_\_\_\_

(If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.)

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C. CAUSE OF ACTION

COUNT I

1. The following constitutional or other federal right has been violated by the Defendant(s): \_\_\_\_\_

SDCL - 24-21-11 STATE STATUTE  
VIOLATION OF 8TH AMENDMENT, PITRE V CAIN (8 CIR 2010)

2. Count I involves: (Check only one; if your claim involves more than one issue, each issued should be stated in a different count)
- |  |  |   |                                   |
|--|--|---|-----------------------------------|
| <input checked="" type="checkbox"/> Medical care       | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Mail                 |                                   |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Retaliation         | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Property |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety    | <input type="checkbox"/> Other: _____         |                                   |

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

BY NOT GETTING ME TO EMERGENCY  
ROOM WHILE SERIOUSLY ILL.

VIOLATION OF CONSTITUTIONAL

RIGHTS CIVIL RIGHTS

SGT RICHARD BEETRAM - DEFENDANT  
HEALTH AND SAFETY

NO MEDICATIONS, HOSPITALIZATION.

IN ADDITION ON FOLLOWING

PAGES

LORI KALENDA - DEFENDANT

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

HEALTH AND SAFETY

CIVIL CONSTITUTIONAL RIGHTS

5. **Administrative Remedies:**

a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No

b. Did you submit a request for administrative relief on Count I? ☐ Yes ☐ No

c. Did you appeal your request for relief on Count I to the highest level? ☐ Yes ☐ No

d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not.

NO RESPONSE BY DEFENDANTS  
ENCLOSED

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COUNT II

1. The following constitutional or other federal right has been violated by the Defendant(s):  
SDCL - 24-21-11 PITREVCAIN 8TH CIR 2010  
8TH AMENDMENT VIOLATION
2. Count II involves: (Check **only one**; if your claim involves more than one issue, each issued should be stated in a different count)  
☒ Medical care      ☐ Access to the court      ☐ Mail  
☐ Disciplinary proceedings      ☐ Retaliation      ☐ Exercise of religion      ☐ Property  
☐ Excessive force by an officer      ☐ Threat to safety      ☐ Other: \_\_\_\_\_
3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).  
VIOLATION OF CIVIL CONSTITUTIONAL RIGHTS  
TO MEDICAL CARE NO HANDICAP  
ACCESS AND KNOWING THIS  
PUNITIVE DAMAGE CASE  
CHIEF OF POLICE PAUL SCHUETH  
DEFENDANT
4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).  
MEDICAL HEALTH AND SAFETY
5. **Administrative Remedies:**
  - a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
  - b. Did you submit a request for administrative relief on Count II? ☐ Yes ☐ No
  - c. Did you appeal your request for relief on Count II to the highest level? ☐ Yes ☐ No
  - d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. ENCLOSED

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COUNT III

1. The following constitutional or other federal right has been violated by the Defendant(s):

VIOLATION OF CIVIL CONSTITUTIONAL RIGHTS  
8TH AMENDMENT

2. Count III involves: (Check only one; if your claim involves more than one issue, each issued should be stated in a different count)
- |  |  |   |                                   |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Disciplinary proceedings      | <input checked="" type="checkbox"/> Medical care | <input type="checkbox"/> Access to the court  | <input type="checkbox"/> Mail     |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Retaliation             | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Property |
| <input type="checkbox"/> Threat to safety              | <input type="checkbox"/> Other: _____            |   |                                   |

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count III. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

CITY AND COUNTY COMMISSIONERS  
KNOW THIS FACILITY IS NOT  
LOWLY CAP ACCESS, BUT  
STILL EXCEPTED ME FROM U.S.  
MARSHAL'S SERVICE US MARSHAL'S  
KNOWING THE SAME BUT STILL  
HOUSED

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

HEALTH AND SAFETY

5. **Administrative Remedies:**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No
- b. Did you submit a request for administrative relief on Count III? ☐ Yes ☐ No
- c. Did you appeal your request for relief on Count III to the highest level? ☐ Yes ☐ No
- d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. ENCLOSED

(If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.)

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**D. REQUEST FOR RELIEF**

State briefly what you want the Court to do for you.

50 million DOLLARS FROM  
FEDERAL OFFICIALS

50 million DOLLARS FROM  
STATE, CITY OFFICIALS

MONEY DAMAGE RELIEF

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

4/11/12

DATE

Debt O Crow Eagle

SIGNATURE OF PLAINTIFF

(Name and title or paralegal, legal assistant, or  
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

**ADDITIONAL PAGES**

All questions must be answered concisely in the proper space on the form. If needed, you may attach additional pages. The form, however, must be completely filled in to the extent applicable.

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